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SEEC FORM 30

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Itemized Campaign Finance Disclosure Statement Off OCT 24 P 1: 41

Page 1 of 16

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COVER PAGE

		!' 					2.73	DE OF CO	MMITTEE	
1. NAME OF COMMITTEE							$-\!\!\!+\!\!\!-$		te Committee	
Visconti for Governor								_	tory Committee	
3. TREASURER NAME										
First		MI		Last					Suffix	
Susan		Α	-	Sheldo	n (nee Lave	lli)				
4. TREASURER ADDRESS										
Street Address			City				State	Zip Code		
217 Arvidson RD			Wo	odstock ———			СТ	0628		
5. ELECTION DATE	6. OFFICE SOUG	HT (Comple	ete only	if Candidat	e Committee)				RICT NUMBER	
(mm/dd/yyyy) 11-04-2014	Governor							(if applicable)		
8. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee	·)		<u></u> ,			-		
First		МІ		Last					Suffix	
Joseph		В		Viscon	ti					
9. TYPE OF REPORT (Check One Box)										
	eceding primary		accor		Statement application	Supplemental Sta (Specify Type) Primary Election		☐ Deficit		
April 10 filing 30 days fo	llowing primary	_	_	ional Iter						
	eceding election	L.	State: suppo	ment in fu ort of appl	rther ication	Declaration of Ex Expenditures (Specify Type)	cess		lment to f Report:	
October 10 filing 7th day pr	eceding special ele			ıblic Graı		Primary Election				
		L	State: reque	Primary In ment acco st for Gen ion Grant	mpanying					
10. PERIOD COVERED										
	Beginning Da	te			Endin	g Date				
	10-01-2014			thru	10-21-2014	4				
	-					· · · · · · · · · · · · · · · · · · ·				
11. CERTIFICATION					·					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
Slean Shilo	lan		Sus	an Sheld	on		_	10-23-14		
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)		PRIN	T NAME	OF SIGNER		-	DATE (mm/dd/yyyy)	

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period		
14. Contributions Received from Individuals (Sections A and B)	1650.00	
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)	1650.00	
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)	1534.49	
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	115.51	
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) OPTIONAL		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	230.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Na	nne as Registered with Commission)	en a sul el el este el	TYPE OF REPORT						
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A. Total Contributions from Sm	nall Contributors-Received	d this Pe	riod ONLY	For Nonparticipating Candidates ONLY \$					
an elektrologika kan kenten en e	e dos sectores de academica transferio e especialità de la constitució de la constitució de la constitució de c	er samme de des Mantalandes e	ause amendende heldet die erhalt afdert by 1973 eine helde er		· W. P · D · . · · · ·	nan sana nanta tanta	V 5 and lead (1) (1) (1) (1) (2)		
aadabaanadadadad oo soo oo bahka ahaanadaa oo o	B. Itemized Contrib	utions fi	rom Individua	ls		par observations	aldress the sprack residence that	the sections where the consensation of the way the field of the	
Last Name		First			MI			Contribution ID#	
Residential Street Address							State	Zip Code	
Principal Occupation		J	Name of Employer					1	
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a Yes	Date Rec	Is contributor a lob or dependent child		<u> </u>	Yes No	Amount of Contribution			
fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution: Cash Personal Check Money Order Credit/Debit Ca	ς		Aggregate Commo	попо				
Last Name		First				Mİ		Contribution ID #	
Residential Street Address		City					State	Zip Code	
Principal Occupation		1	Name of Employer						
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe OExecutive OLegislative	s ONo	byist, spouse, of a lobbyist?				nt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution: Cash Personal Check Money Order Credit/Debit Ca		reived /	Aggregate Contribu	ttions				
Last Name		First	•			ΜI		Contribution ID #	
Residential Street Address		City					State	Zip Code	
Principal Occupation			Name of Employer						
Is contributor a principal of a state contractor or If yes, indicate which branch or branches of government the contract is with:	prospective state contractor? OYe	es ONo	Is contributor a lob or dependent child		8	Yes No	Amou	at of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:	Method of Contribution: Cash Personal Check Money Order Credit/Debit Ca		ecived /	Aggregate Contribu	itions				
	SUBTOT	AL Sect	tion B — This	Page 1650	0.00				
	TOTAL of	additio	nal Section B l	Pages					
TOTAL	OF ALL CONTRIBUTIO (Sections A + B) (Enter total on				.00				
	•								

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Name a.	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							TYPE OF REPORT	
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Barrier - La Printe Balletin (1994) Mahababarier (1994) Marie - Marie - Marie - Marie Marie (1994) Marie Madell (1994) Marie (1994) Mar	C1. C	ontributio	ns f	rom Ot	her	Commi	ttees	WWW.	
Name of Committee		The second desirable control of the state state	tenferote ere d			e of Treasure		and the second s	The second state of the second
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				<u></u>					
Address			ls	this contrib	oution	associated	with a	O Yes ONo	Amount of Contribution
			fu	ndraising e	vent li	isted in Sec <i>If yes</i> , list	tion J1? Event #	? '	
City	State	Zip Code	┸┑					ate Contributions	-
		Zap code			_		20 0		
Name of Committee	<u> </u>	.1			Nam	e of Treasure	er		
					l				
					<u> </u>				
Address								O Yes O No	Amount of Contribution
			fu	ndraising e	vent li	isted in Sec <i>If ye</i> s, list			
City	State	Zip Code	┸-,	Date Receiv	ved	1, 503, 120		ate Contributions	
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Name of Committee	1	<u></u>			Nam	e of Treasure	er		
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					<u>L</u>				
Address			ls	this contrib	oution	associated	with a	O Yes ONo	Amount of Contribution
			fu	ndraising e	vent li	isted in Sec <i>If yes</i> , list	tion J1?	? t	
City	State	Zip Code	۲,	Date Receiv	ved	17 703, 1130		ate Contributions	
Chy	Blace	Zip Code	1	Date Recei		1			
Name of Committee	<u>. </u>	<u> </u>			Nam	e of Treasure	er		
Address			Is	this contrib	ution	associated	with a	OYes ONo	Amount of Contribution
			fur	ndraising e	vent li	isted in Sectifyes, list			
City	State	Zip Code	۲.,	Date Receiv	vcd			atc Contributions	\dashv
City		Zip Code				ł	66 6-		
			- 1			į			
C2. Reimbursem	onte Pav	monts or	Sur	nlue Di	etrib	outions i	from	other Committ	<u></u>
Name of Committee	ches, i uj	menta, or	Jui	pius Di	J41 11	Name of Tre		- Committee	
Address							Date R	eceived	Amount of Receipt
City	Stat	te Zip C	`odc		$\overline{}$) aimhuran	nant for	shared expense	
				ŀ				and services	
				·					
Name of Committee						Name of Tre	easurer		
Address						L	Date R	eceived	Amount of Receipt
City	Stat	te Zip C	ode	····			<u> </u>		-
- Cny		2.49 C	-net	-				shared expense	
					ا	аушені іог	goods	and services	
		OT.	100	OTAL	Ca-A	ion C	Trk:	n Dogs	
		SL	D I	UIAL	sect	ion C —	- 1 DI	s rage	
		TO	ΓΔΤ	of add	itior	ıal Secti	ion C	Pages	
		10		, or auu	141VI			5·0	

I. MONETARY RECEIPTS (Sections A - I)

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with	h Commission)	e gar en egan, agranden en en en en en en en			TYPE OF R	EPORT
 - къзден дъобщиетския в тот у чет тел у теле, стои тран поетски за дителен платови педе. 	gar garman i i i i i i i i i i i i i i i i i i i	D. Loans Receiv	ed this P	eriod	A THE STREET STREET SECTION OF	and the second of the second o	overskipter (1995 – 1994) – Merskipter (1997 – 1997) – 1997 – 1997 – 1997 – 1997 – 1997 – 1997 – 1997 – 1997 –
Name of Lender	ing common makas in an managan pangan menering a anti-alah saker		Source of Lo OBank	an: OCandidate	Olndividu	al OOther	Date of Receipt
Street Address		City	1,		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if appli	cable)	· \				<u> </u>	Amount Received
Street Address		City			State	Zip Code	
Name of Lender		<u> </u>	Source of Lo	an: Candidate	OIndividu	al Other	Date of Receipt
Street Address		City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applied	cable)	<u>-1 , , </u>					Amount Received
Street Address		City			State	Zip Code	_
				TOTAL	SECTION	ON D	
E. Date of Receipt	Personal Funds of the C	Candidate Recei		Period (Car		mmittees ONL	Y) Amount
Date of Receipt	Method of Payment:	<u> </u>					Amount
	○ Cash	O Personal Ch	eck	O Credit/Del	bit Card		
Date of Receipt	Method of Payment:	O Personal Ch	eck	O Credit/Del	bit Card		Amount
		THE RESIDENCE OF PRESIDENCE OF MAKE OF		TOTAL S	SECTIO	NE	
		F. Anonymous	Contribu	tions	entrance of the second of the second	III II	and defining the second of
receives an anon	-48, Anonymous Contr lymous contribution, the State Elections Enforce	e campaign trea	asurer sh	all immedi	ately rea	mit the cont	
Name of Institution	G. Interest	from Deposits	in Autho	rized Acco	unts Date Rece	ived	Amount
Street Address		City			State	Zip Code	1
Name of Institution		<u>, I., </u>			Date Rece	ived	Amount
Street Address		City			State	Zip Code	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Name as	AME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
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AND THE PROPERTY OF THE PROPER	engagina semigento, paga in separa ana ana an	s Received from (he Citizens' Ele	ction F	`und	ye e kamin yangan g ana ana ana ana ana ana an			
Purpose of Grant:	Grant Cycle:			Date Rec	eived		Amount		
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	General Election	OSpecial Election						
Purpose of Grant	Grant Cycle:	, , , , , , , , , , , , , , , , , , , ,		Date Rec	eived		Amount		
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	General Election	Special Election						
Purpose of Grant:	Grant Cycle:			Date Rec	eived		Amount		
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	General Election	Special Election						
Purpose of Grant:	Grant Cycle:			Date Rec	cived		Amount		
O Initial O Grant Adjustment O Supplemental/Post Election Deficit	OPrimary	General Election	OSpecial Election						
		TO	TAL SECTION	H					
									
I. Miscella	neous Monet	ary Receipts not	Considered Con	tribut	ions	 Construction code (1897) 	usuurin maalkoolikaan on makkoolikun niin koolikin saan taa aan on too mooliki		
Name	Conform Property Common		en camping grand grand in the consequence of the consequence (per grand in the			f Transaction	Amount Received		
Street Address		City		State		Zip Code			
Description				_					
Name					Date o	f Transaction	Amount Received		
Name					Dan	1 Tanaccon	Amount Received		
Street Address		City		State		Zip Code			
Succes rustices	•	[,							
Description		I.		L			1		
Name					Date o	f Transaction	Amount Received		
0		Tois		161-10		Zin Cada			
Street Address		City		State		Zip Code			
Description			• • • • • • • • • • • • • • • • • • • •		·	_ .	ł		
			TOTAL SE	CTIO	ΙI				
SUMMARY OF	OTHER MO	ONETARY REC	CEIPTS (Secti	ons D	thro	ough I)			
Total Loans Received this Period (Section D)		ning sa manang manang mengang		+					
Total Amount of Personal Funds of the Candi	date Received t	his Period (Section E)	+					
Total Amount of Interest from Deposits in Au	ıthorized Accou	nts (Section G)	· · · · · · · · · · · · · · · · · · ·	+					
Total Public Grant Funds Received from the	Citizens' Electio	n Fund (Section H)		+					
Total Miscellaneous Monetary Receipts not C	onsidered Conti	ributions (Section I)	, ····· — —	+		 ', , , , , , , , , , , , , , , , , , ,			
TOTAL OF OTHER MONETARY F	RECEIPTS N	OT CONSIDERI	ED CONTRIBU	TIONS	<u> </u>	· · · · · · · · · · · · · · · · · · ·			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE (Provide C	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
gg ou van en soutstand die biskerende henhamstelbenheid fan waard - sauste - ee - ee ee - ee ee ee ee ee ee ee	J1. Fundraisin	ıg Eve	ent i	Information	Marson Market 1977	***	or a line of our weeks of	ntele anni englierissi i un se sin se sis		
Fundraising Event # Date of Fundraiser Letter	Description				# 1110 STEP	an and decreasing and second	An en a signe transcriber of the control of	readigraphenes en visitori (visitori esta acción e en en en		
Location: Street Address	L		City				State	Zip Code		
Was this fundraising event hosted	at a personal residence?	0		If yes, go to Section J3 In-Kind Dor and complete required information for beverage and invitations.						
Did this fundraiser include items of \$100 or items donated by an indiv	lonated by a business entity of up to idual of up to \$100?	0		If yes, go to Section J3 In-Kind Donard complete required information.	nations n	not Coi	nsidered C	ontributions		
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	0		es (If yes, enter Total Receipts here.)							
Fundraising Event # Date of Fundraiser Letter	Description							<u>.</u> '. .		
Location: Street Address			City				State	Zip Code		
Was this fundraising event hosted at a personal residence? Yes If yes, go to Section 13 In-Kind Donations not Corand complete required information for purchases may be be be be be be be and invitations. No										
Did this fundraiser include items d \$100 or items donated by an indivi-	onated by a business entity of up to idual of up to \$100?		Yes	If yes, go to Section J3 In-Kind Donations not Considered Contribution and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auct with purchases from an individual		0		(If yes, enter Total Receipts here.)	→ [\$				
Fundraising Event # Date of Fundraiser Letter	Description									
Location: Street Address			City				State	Zip Code		
Was this fundraising event hosted	at a personal residence?	0		If yes, go to Section J3 In-Kind Don and complete required information to beverage and invitations.						
Did this fundraiser include items d \$100 or items donated by an indivi	onated by a business entity of up to dual of up to \$100?	0	Yes No	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
Subpart 1: Was this fundraiser a tag sale, auct with purchases from an individual		O1		(If yes, enter Total Receipts here.)	→ [\$	5				
SUBTOTAL Se	ction J1—Subpart 1 Total Receipts 1	from S	ale o	f Donated Items — This Page				· · · · · · · · · · · · · · · · · · ·		
		тот	AL	of additional Section J1 Pages	:					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

	Per Public Act 11-48, effecti ual purchases from a com						i
NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Commission)	The control of the state of the		TYPE OF RE	PORT	
r-Aldrindika 1984 dilancianiska i sarki sara su shi kasal-fizik-fizik ilidi ilidik-fidik (silak-kilak) silak k	entralis de realisaçõe de esta esta esta esta esta esta esta est	ind Donations N	ot Consider	ed Contributions	n in grande was also states the sales and sales the sales and sales the sales and sales the sales and sale	Stational and the state of the same	and their constants have to see the single-party to the
Name of Donor		HU DOBACORS PORTOR STATE	or Constact		on the second supplier states at we were		Control of the state of the sta
Street Address			City			State	Zip Code
Donation Given By: O Individual	Description of Donation				Fair I	Market Val	lue of Donation
OBusiness Entity OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor		!		I			
Street Address			City			State	Zip Code
Donation Given By: Olndividual							lue of Donation
O Sole Proprietorship	Date Received Event # Aggregate Value for this Event						
Name of Donor		<u> </u>	· · · · · · · · · · · · · · · · · · ·		•		
Street Address			City			State	Zip Code
Donation Given By: O Individual	Description of Donation				Fair !	Market Val	lue of Donation
OBusiness Entity OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: O Individual	Description of Donation				Fair N	larket Val	ue of Donation
OBusiness Entity OSole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
		SUE	BTOTAL Sec	tion J3 — This Page			_
		TOTA	\L of additi o	nal Section J3 Pages			
TOTAL OF A	LL IN-KIND DONATIO			ONTRIBUTIONS Summary Page Totals)			

III. NONMONETARY RECEIPTS (Sections K — M) Page 9 of 16 TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) K. In-Kind Contributions Name Zip Code State Street Address City 8 Yes No Description of In-Kind Contribution Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #: SYes No Is contributor a principal of a state contractor or prospective state contractor? Fair Market Value 8 Yes No Is contributor a lobbyist, spouse, If yes, indicate which branch or branches of this Contribution or dependent child of a lobbyist? of government the contract is with: O Executive O Legislative Date Received Aggregate Contributions Type of Contributor: O Individual O Sole Proprietorship O Committee Name Zip Code Street Address City Description of In-Kind Contribution O Yes Is this contribution associated with a O No fundraising event listed in Section L1? If yes, list Event #: SYes No Is contributor a principal of a state contractor or prospective state contractor? Fair Market Value S Yes Is contributor a lobbyist, spouse, If yes, indicate which branch or branches of this Contribution or dependent child of a lobbyist? O Executive O Legislative of government the contract is with: Type of Contributor: Aggregate Contributions Date Received Individual O Committee Sole Proprietorship Zip Codc Street Address City Description of In-Kind Contribution) Yes Is this contribution associated with a ON₀ fundraising event listed in Section L1? If yes, list Event #: OYes ONo Is contributor a principal of a state contractor or prospective state contractor? Fair Market Value Is contributor a lobbyist, spouse, Yes If yes, indicate which branch or branches of this Contribution Ŏ No or dependent child of a lobbyist? of government the contract is with: O Executive O Legislative Type of Contributor: Date Received Aggregate Contributions Individual O Committee O Sole Proprietorship SUBTOTAL Section K --- This Page **TOTAL of additional Section K Pages** TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page Totals) L. Refundable Deposit to Telephone Company Date Deposit Made MI Last Name of Individual First

State Residential Street Address City Zip Code Amount of Deposit Name of Telephone Company Street Address City State Zip Code

III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT				
M. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an					:t 11-48			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	en armenta enanceita ana	Name of Treasure	en illum al mestili.	appyyrig <u>2004 Autoropyyddiaddiaddiaddiad</u> y fer syfer i sae yr ei saerridaeriblau	1995-1883 (1984 - 1964-1886) e van een viid deel die 1994 van de 1964 (1994 - 1994) e			
Street Address				Date Notice Received	Fair Market Value of Donation			
City	State	Zip Code		Aggregate Donations				
Description of Donation	1-	<u> </u>	1	se of Expenditure (see instructions) OBOCODOE				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONE	LŊ	Name of Treasure	er					
Street Address	Date Notice Received	Fair Market Value of Donation						
City		Aggregate Donations						
Description of Donation		<u> </u>	1 .	se of Expenditure (see instructions) B OC OD OE				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) Name of Treasurer								
Street Address		Date Notice Received	Fair Market Value of Donation					
City	State	Zip Code		Aggregate Donations				
Description of Donation	•	. ,	_	Se of Expenditure (see instructions) BOCODOE				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	LY)	Name of Treasure	r					
Street Address	•			Date Notice Received	Fair Market Value of Donation			
City	State	Zip Code		Aggregate Donations				
Description of Donation			1	B OC OD E				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	. Y)	Name of Treasure	r					
Street Address				Date Notice Received	Fair Market Value of Donation			
City	Zip Code		Aggregate Donations					
Description of Donation	_	e of Expenditure (see instructions) B C D D E						
SU	ВТОТА	L Section M	1 — 7	This Page				
		lditional Se						
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NAME OF COMMITT	ТҮРЕ С	YPE OF REPORT								
Visconti for Govern	nor				Supp					
a de constitución destro dellas acuada de constitución de el escala de el escala de constitución de el escala	N. Expen	ses Paid	by Committee	DOLEN TO THE THE STATE OF THE S	- manufacture and the second second	Section 1995 The American State of Section 1995	ARROW ALLEASTING A TRACK CONT. TO THE REAL PROPERTY OF THE PRO			
Name of Payee		HECTTON COMMAND WEST PROPERTY OF CO.	gregory proper gregory property and a construction of the construc	Date of Pa	ymeni	Method of				
Outback Steakhou	se			10-12-1	4	1 8	Check # Debit Card			
Street Address		City		l		State	Zip Code			
817 Queen St		1 -	hington			СТ	06489			
		3001					100407			
Purpose of Expenditure (by code)	Description					į	Amount			
Food	Food					67.64				
reimbursement is sough	———————————————————————————————————————	Expenditus (if applicable		Event #						
If yes, assign an Expen	14-4-1-4-6	D								
Name of Payee	Method of	Paymont: Check #								
The Fire Place				10-06-	14	Θı	Debit Card			
Street Address				State	Zip Code					
44 Center Street		Sout	thington			СТ				
Purpose of Expenditure (by code)	Description						Amount			
Food	food					28.16				
Is this expenditure coor reimbursement is sough If yes, assign an Expen										
Name of Payce	<u> </u>			Date of Pa	yment	Method of Payment:				
7-11				10-18-1	14	Ocheck # Debit Card				
Street Address		City				State	Zip Code			
110 W Main ST		Staffe	ord Springs			СТ				
Purpose of Expenditure (by code)	Description	•		,			Amount			
TRVL	gas					64.53				
•	dinated with another candidate for which Q Yes	Expenditur		Event #						
reimbursement is sough	tt? O No diture # and complete Itemization in Addendum N	(if applicable	:)							
Name of Payee				Date of Pay	ment	Method of	Payment:			
Cumberland Farm	s			10-16-1	4		Check # Debit Card			
Street Address		City				State	Zip Code			
141 Park Rd		W Ha	artford			CT				
Purpose of Expenditure (hy code)	Description						Amount			
TRVL	gas					68.80				
ls this expenditure coordinates reimbursement is sough										
-, yea, waarga tar Expen	diture # and complete Itemization in Addendum N	TOTAL S	A 37 -	T :						
	SUB	TOTAL	Section N — T	nis Page 2	29.13					
	TOTAL of additional Section N Pages									
_	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)									
	<u> </u>		<u> </u>							

NAME OF COMMITT	EE. (Provide Complete Name as Registered with Commission)	No trigo (1800 - 1800) 1 mars in casa distribution and material activities and material from the case of the case	2. N	TYPE OF I	YPE OF REPORT				
Visconti for Goverr	nor			Supp					
and a substitution of central community with the	N. Expense	s Paid by Committee	and the management of the first of the second of the secon	National Association (Control of the Control of the		AMARIAN S. C. CAMBRIST C. CAMBRISTON CO. T. C. CAMBRISTON CO. C. C. CAMBRISTON CO. C.			
Name of Payee		умууларар жүүдүн очыр үүлэмжийн тэмжийн хамийн хамийн хамийн байл МООМ (1949-1948)	Date of Paym	eni	Method of I				
Black Bamboo			10-17-14			heck # ebit Card			
Street Address		City			State	Zip Code			
844 Farmington Av	<i>y</i> e	W Hartford			СТ	06119			
Purpose of Expenditure (by code)	Description				Amount				
Food	Food				42.01				
reimbursement is sough	nt? No	Expenditure # (if applicable)	Event #	-·					
If yes, assign an Expen Name of Payee	ent	Method of I	ayment: heck #_1051						
-	Name of Payee Date of Payment McGough and Sons 10-03-14								
Street Address		City			State	Zip Code			
52 Martin Rd		Bristol			СТ				
Purpose of Expenditure (by code)	Description				1	Amount			
PRNT	signs printed				149.95				
Is this expenditure coor reimbursement is sough If yes, assign an Expen		_							
Name of Payee			Date of Paym	ent	Method of Payment: 1050 Check # Debit Card				
Sharon Visconti / V	/isconti & Assc	Total	10-18-14						
49 Montclair Dr		City W Hartford			CT	06107			
Purpose of Expenditure (by code)	Description					Amount			
Web	Maintain website acticity				450.00				
reimbursement is sough		Expenditure # (if applicable)	Event #						
Name of Payee		······································	Date of Paym	ent	Method of F	-			
					Op	heck # ebit Card			
Street Address		City			State	Zìp Code			
Purpose of Expenditure (hy code)	Description				68.80	Amount			
Is this expenditure coor- reimbursement is sough If yes, assign an Expen									
	SUBT	OTAL Section N — T	his Page 64	1.96					
	TOTAL of additional Section N Pages								
	TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)								
				-					

NAME OF COMMITT	TYPE OF REPORT					
Visconti for Governor					SUP	
Committee of the commit	N. Expense	es Paid by Committee		, and the second and	S. C. C. Street Best 1	ent de la seus de la companya de la
Name of Payee		entagas yannoo ya waxaa ee kalee ahaa ahaa ahaa ka ahaa ahaa ahaa ee ka ee	Date of Paym	ent	Method of Pa	ryment:
Blue Colony			10-11-14			neck # ebit Card
Street Address		City		- !	State	Zip Code
66 Church Hill RD		Newtown		1,	CT	06470
	In					
Purpose of Expenditure (by code)	Description					Amount
FOOD	food`	<u></u>			21.90	
reimbursement is sough	dinated with another candidate for which Yes nt? No diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
Name of Payee	uncure # and complete remissation in Addendum iv		Date of Paym	ent N	Acthod of Pa	ayment:
Frank Pepe Pizza			10-02-14			neck # ebit Card
Street Address		City			State	Zip Code
1148 New Britain A	Ave	W Hartford			СТ	06110
Purpose of Expenditure (by code)	Description				A	Amount
Food	food			:	55.00	
reimbursement is sough	dinated with another candidate for which Yes 11? No diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
Name of Payce	<u> </u>		Date of Paym	ent I	dethod of Pa	-
Tony D's 10-14-14					Check # Debit Card	
Street Address		City		1	State	Zip Code
92 Huntington St New London				'	CT	06320
Purpose of Expenditure (by code)	Description					Amount
Food	food			Ì	338.24	
reimbursement is sough	•	Expenditure # (f applicable)	Event #			
	diture # and complete Itemization in Addendum N		1568		() - 1 - CD.	
Name of Payee			Date of Paym	eni n	Acthod of Pa OCh	neck#
Olympia Diner			10-13-14			ebit Card
Street Address		City			State	Zip Code
3413 Berlin Turnp	ike	Newington			СТ	06111
Purpose of Expenditure (hy code)	Description			ŀ	I	Amount
Food	Food			2	22.99	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N						
<u> </u>		OTAL Section N —	This Page 438	3.13		-
TOTAL of additional Section N Pages						
TOTAL OF ALL EXPENSES PAID BY COMMITTEE						
(Enter total on Line 20 of Summary Page Totals)						

NAME OF COMMITT	TYPE OF	TYPE OF REPORT				
Visconti for Governor SUP						
resentantian (i.e	N Evnens	es Paid by Commit	tee	management of the second	visited control and the transfer to	delegant de medicario con dels adels attaches e delegant e e el elec-
Name of Payee			Date of	Payment	Method of	Pavnent:
Staples			10-15	-		Check #
-			10-13	- 14 		Debit Card
Street Address		City			State	Zip Code
2550 ALbany Ave		W Hartford			CT	06117
Purpose of Expenditure (by code)	Description					Amount
Office	Ink`				40.38	
Is this expenditure coor	dinated with another candidate for which Q Yes	Expenditure #	Event #		1	
reimbursement is sough	nt? diture # and complete Itemization in Addendum N	(if applicable)				
Name of Payee	unture # and complete itemization in Augentum is		Date of l	Payment	Method of	Payment:
Long Wharf Mobil	Mart		10-12	-	1 O	Check #
	iviai t		10-12	<u></u>	Or	Debit Card
Street Address		City			State	Zip Code
200 Sargent Dr		New Haven			СТ	06511
Purpose of Expenditure (by code)	Description					Amount
TRVL	gas				64.95	
Is this expenditure coor	dinated with another candidate for which Yes	Expenditure #	Event #		†	
reimbursement is sough	nt? Ö No	(if applicable)				
	diture # and complete Itemization in Addendum N		<u> </u>		124 1 5	
Name of Payce				Payment	Method of	Payment: Check #
Shell			10-14	I-1 4		Debit Card
Street Address		City			State	Zip Code
905 Farmington Av	<i>r</i> e	W hartford			СТ	06119
Purpose of Expenditure (by code)	Description	•				Amount
TRVL	gas				59.94	
Is this expenditure coor	dinated with another candidate for which Yes	Expenditure #	Event #		1	
reimbursement is sough	9	(if applicable)				
Name of Payee	diture # and complete Itemization in Addendum N		Date of i	Dos mont	Method of	Par mant
•			1	•	_	heck #
Troy's Mobil			10-1-2	2014	Or	Debit Card
Street Address		City			State	Zip Code
2507 Albany Ave		W Hartford			CT	
Purpose of Expenditure	Description					Amount
(hy code) TR V L	gas				60.00	
Is this expenditure coor	dinated with another candidate for which Yes	Expenditure #	Event #		†	
reimbursement is sough	t? O No	(if applicable)				
If yes, assign an Expen	diture # and complete Itemization in Addendum N					
	SUBT	OTAL Section N -	– This Page	225.27		
	TOTAL	of additional Sect	ion N Pages			
	TOTAL OF ALL EXPEN	SES PAID BY CO			, , , , , , , , , , , , , , , , , , , ,	
	(Enter total	on Line 20 of Summur	y ruge rouns)			

Page 12 of 16

IV. EXPENDITURES (Sections N – S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF RI	TYPE OF REPORT		
Z		O. Expenses Paid by Candi	date		ama and the second of the seco		
Name of Pavec (Name of ven	dor who candidate paid directly)	י אוקר כדירי או רוישר ווורדו הורידים ווידים ווידים או האומצור הידים רויהה מוד אינונים באינונים באומצור הידים הידים או אינויירים	to or the wat about the transfer is the other the background the following	of Payment	Is reimbursement claimed?		
reality of rayou (wit with continued pain an every				OYes ONo		
Street Address		City	State	Zip Code	Amount		
Purpose of Expenditure (by code)	Description		Event				
Name of Payee (Name of ven	dor who candidate paid directly)		Date	of Payment	Is reimbursement claimed?		
• • •	•			-	OYes ONo		
Street Address		City	Statc	Zip Code	Amount		
Purpose of Expenditure (by code)	Description		Event	:#			
		· · · · · · · · · · · · · · · · · · ·					
Name of Payee (Name of vent	dor who candidate paid directly)		Date o	of Payment	Is reimbursement claimed? O Yes O No		
Street Address		City	State	Zip Code	Amount		
Purpose of Expenditure (hy code)							
Name of Payee (Name of venu	dor who candidate paid directly)		Date	of Payment	Is reimbursement claimed?		
,	•				O Yes ONo		
Street Address		City	State	Zip Code	Amount		
Purpose of Expenditure (by code)	Description	.	Event	#			
Name of Payce (Name of vend	dor who candidate paid directly)		Date o	of Payment	Is reimbursement claimed?		
Street Address		City	State	Zip Code	Amount		
Purpose of Expenditure (by code)	Description		Event	#			
Name of Payee (Name of vena	dor who candidate paid directly)		Date o	of Payment	Is reimbursement claimed? O Yes O No		
Street Address		City	State	Zip Code			
SHOCL AMMESS		City	, in the same	Esp Code	Amount		
Purpose of Expenditure (by code)	Description	-	Event	Event #			
		SUBTOTAL Section O	— This Page	···········			
		TOTAL of additional Sec	ction O Pages				
	TOTAL OF A	ALL EXPENSES PAID BY (CANDIDATE				

(Enter total on Line 27 of Summary Page Totals)

NAME OF COMMITI	IEE (Provide Complete Name as Registered with Commission	7)	Committee of the commit	TYPE OF REPORT	and the compression of the second
» (C. STOVISLING WOLTHS), A MISSAMON OF STOCKE WHILE CO.	P. Expenses Incur	rred on Comm	nittee Credit Card	Control of the Contro	esteronomico de la compania de la c
Name of Issuing Institu		11/2 7 7 мод - ит община почина почина междуниция почина п	Type of Credit Card: O Visa Master C	ard ODiscover O	American Express
Name of Vendor			, J	Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (hy code)	Description				Amount
reimbursement is sough	dinated with another candidate for which Yes No diture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event#		
Name of Vendor				Date of To	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
reimbursement is sough	dinated with another candidate for which Ses No No diture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #		
Name of Vendor				Date of Ti	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
reimbursement is sought	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #		_
Name of Vendor				Date of Tr	ansaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	- 1			Amount
reimbursement is sought	dinated with another candidate for which Yes t? No hiture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event#		
74 (200-100 A)	SUB	BTOTAL Section	on P — This Page		
	ТОТА	AL of addition	al Section P Pages		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF R						REPORT	Manager Control (1971)	
	Q. Expenses Incurred by Co	mr	nittee but Not Pai	id During this Pe	riod		Million to the Marian Medical College with the sect of the sec	
Name of Creditor			THE MAY SERVICE AND ADMINISTRATION AND ADMINISTRATION OF THE ADMIN			Date Incurred		
QuickDiscs.com LLC							10-18-14	
Street Address		•	City			State	Zip Code	
41 Crossroads Plaza	a # 167		W Hartford			СТ	06117	
Purpose of Expenditure (by code)	Description						ount Incurred	
PRNT	labels for poster						mate or Actual)	
Is this expenditure coord reimbursement is sough	linated with another candidate for which Yes 1? No		penditure #	Event #		180.82		
	liture # and complete Itemization in Addendum Q							
Name of Creditor						Date Incurred		
Ct News Junkie						10-19-14	1	
Street Address			City			State	Zip Code	
1077 Matianuck Av	e		Windsor			СТ	06095	
Purpose of Expenditure (by code)	Description						ount Incurred mate or Actual)	
A-Web	Photo purchase						mule of Actualy	
Is this expenditure coordinated with another candidate for which Pyes No Expenditure # (if applicable) Event #						50.00		
If yes, assign an Expenditure # and complete Itemization in Addendum Q Name of Creditor						Date Incurred		
Street Address			City			State	Zip Code	
Purpose of Expenditure (hy code)	Description						eunt Incurred mate or Actual)	
reimbursement is sought	linated with another candidate for which Yes? No liture # and complete Itemization in Addendum O		enditure # oplicable)	Event #				
Name of Creditor		<u> </u>				Date Incurre	ed.	
Street Address			City			State	Zip Code	
Purpose of Expenditure	Description		<u> </u>			Amo	unt Incurred	
(by code)	•						mate or Actual)	
In this avacaditum assault	inated with another candidate for which () Yes	Fv-	enditure #	Event #	-			
reimbursement is sought			pplicable)	Event #				
		L				0.00		
SUBTOTAL Section Q – This Page 230.00								
TOTAL of additional Section Q Pages								
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 29 of Summary Page Totals)								
Previously reported Expenses Unpaid and still Outstanding								

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF R						REPORT	and the second of the second o	
rage, and the first of the physical and appropriate devices the second color and the second color and the physical and the second color	R. Itemization of R	eimburseme	ents to Con	nmittee Wa	rkers and	d Consultants	n dern ein 18 - Ammerde in mehr, meglichte der seit	San Selement describes en 1995 describes Selement (describes Selement describes Selement describes Selement de
Last Name of Worker/Consultant First			maga garagaga mara gagar maga maga maga		MI	Date of Payment		of Payment:)Check #)Debit Card
Secondary Payce					•			
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)							Amount	
reimbursement is sough	 dinated with another candidate for white t? diture # and complete Itemization in	O No	Expenditure # (if applicable)		Event#	,	-	
Last Name of Worker/Cons		First	1		МІ	Date of Payment	Method of Payment: Otheck # Debit Card	
Secondary Payee		- • · · · · · · · · · · · · · · · · · · 			l., ,,	<u> </u>		
Street Address City				State Zip Code			Zip Code	
Purpose of Expenditure (by code)	Description		•					Amount
reimbursement is sough	dinated with another candidate for whit? diture # and complete Itemization in	O No	Expenditure # (if applicable)		Event #			
Last Name of Worker/Cons	ultanı	First		•	MI	Date of Payment		f Payment: Check # Debit Card
Secondary Payee		· ·					t.	
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	Description							Amount
Is this expenditure coordinated with another candidate for which Pes No No If yes, assign an Expenditure # and complete Itemization in Addendum R								
		SUB	TOTAL S	ection R — '	This Pag	e		
		тота	L of addit	ional Sectio	n R Page	es		
TOTAL OF ALL	REIMBURSEMENTS TO C	OMMITTEE	WORKER	RS AND CON	ISULTAN	VTS		

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Commission)	TYPE	OF REPORT
	S. Surplus Distribution of Equipment	and Furniture	naminas (m. 1946). Tropiesto rossinistant esti proprieta (m. 1946). Esti proprieta (m. 1946).
Name of Recipient	The state of the s		
Street Address	City	State Zip Cox	Original Purchase Amount of Item
Description of Item	<u> </u>		
Name of Recipient			
Street Address	City	State Zip Coo	Original Purchase Amount of Item
Description of Item		<u> </u>	
Name of Recipient	· · · · · · · · · · · · · · · · · · ·		
Street Address	City	State Zip Cod	Original Purchase Amount of Item
Description of Item			·
Name of Recipient			
Street Address	City	State Zip Cod	Original Purchase Amount of Item
Description of Item	<u> </u>		
Name of Recipient			
Street Address	City	State Zip Cod	Original Purchase Amount of Item
Description of Item			
Name of Recipient			
Street Address	City	State Zip Cod-	Original Purchase Amount of Item
Description of Item	I ,	,,,, 1 1	
derentatu menarahan matan matandarah dari dari dari dari dari dari dari dari		TOTAL SECTION S	
PAGE 1881 BERTON PROPERTY OF THE PROPERTY OF T	en Colonia de la colonia de la colonia de la colonia de mangala, esta delimina, en parte, del termes de decendos, de	And the second of the second o	······································